

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568124  
APPLICANT(S)

FILING DATE

17 MAY 2006

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/	/		
3		①		/		
4		①		/		
5		①		/		
6		①		/		
7		①		/		
8		/		/		
9		①		/		
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14		4		/		
15		/		/		
16		①		/		
17		/		/		
18		①		/		
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22		①		/		
23		①		/		
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28		①		/		
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31		①		/		
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35		①		/		
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46		/		/		
47		/		/		
48		①		/		
49		①		/		
50		/		/		
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	52	←	51	←		←
TOTAL CLAIMS	54		53			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						